

I. SCHOOL DISTRICT REQUEST FOR EMERGENCY LICENSE OR PERMIT for a teaching or pupil services license. The ELO license type would be T201 for teacher, T221 for driver's education, and P201 for pupil services. If your employee needs a one-year license for administration, use ELO license type A201 with the form PI-1622-ADMIN instead.

CESA No.	LEA No.	Requesting School District		Phone Area/No.
School No.	School Name—Location of assignment		Charter School? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, check box if Virtual Charter <input type="checkbox"/>
Subject(s)/Position Requested			Dev. Level/Grade(s)	
Percentage of School Day in Emergency Assignment(s) <input type="checkbox"/> Full-time (in the emergency assignment for the full school day) <input type="checkbox"/> Part-time (in the emergency assignment for part of school day) Specify percentage of day in the emergency assignment: ____ %			Is the emergency needed for a Long-term Substitute assignment? <input type="checkbox"/> Yes <i>Assignment begin and end date must be provided</i> <input type="checkbox"/> No Emergency request for this person in this assignment(s) is a: <input type="checkbox"/> First Time Request <input type="checkbox"/> Renewal Request— Must complete Part II.	
Assignment Begin Date Mo./Day/Yr.	Assignment End Date Mo./Day/Yr.	Employee Name First, Middle, Last		Last 4 Digits of SSN or DPI Entity No.

Wisconsin Administrative Code, PI 34.21 requires districts/schools to state that a search was conducted to fill assignments with fully licensed candidates.

☐ **I ATTEST** that an external search for a fully licensed candidate was conducted and that a fully licensed candidate was not acceptable for hire.

During this school year, the applicant will complete one of the following to earn full licensure in the above requested licensure area (check one):

- ☐ **ENROLL IN / ENROLLED IN** an approved licensure program leading to the license in the above listed subject/position and **WILL TAKE / IS TAKING** six (6) semester credits in a licensure program at a college/university or the equivalent coursework at a Wisconsin approved alternative route program by August 31 of the year the emergency expires. When available, identify: the approved program _____ and anticipated completion date _____.
- ☐ **PASS** the appropriate Wisconsin test(s) to apply for the above teaching subject(s) as required for the **LICENSE BASED ON A CONTENT TEST** pathway to licensure. (TEACHERS ONLY)
- ☐ **PASS** the required test(s) so that the **WISCONSIN APPROVED PROGRAM** can endorse the applicant by the end of the requested school year.
- ☐ **PASS** the appropriate Wisconsin test(s) to apply for the above license via the **OUT-OF-STATE** pathway to licensure.
- ☐ **SUCCESSFULLY** complete at least Part I of the **LICENSE BASED ON EQUIVALENCY** pathway to licensure. (TEACHERS ONLY)
- ☐ **PASS** the appropriate WI test(s) to apply for the above teaching subject via the **CHARTER SCHOOL** pathway to licensure. (TEACHERS ONLY)
- ☐ Other. **ATTACH EXPLANATION:**

FOR SPECIAL EDUCATION REQUESTS ONLY

☐ **I ATTEST** the district's request for a special education permit meets all of the IDEA requirements to be highly qualified while working toward licensure. The requirements include: receive high-quality professional development that is sustained, intensive, and classroom-focused; participate in a program of intensive supervision, including regular ongoing support; and, demonstrate yearly adequate progress toward program completion. **I UNDERSTAND** that IDEA requires the teacher to complete all licensure requirements to be eligible for full licensure within three school years.

II. LEA VERIFICATION OF LICENSURE PROGRESS (BY AUGUST 31 OF THE YEAR THE EMERGENCY EXPIRES)

The district completes this section if the applicant has held an emergency license in the same subject before.

- ☐ The applicant has taken six (6) semester credits or the equivalent in a WI approved alternative route program as verified to our LEA by the approved educator preparation program. Identify the approved program _____ and anticipated completion date _____.
- ☐ The applicant has attempted to **PASS** the required test(s) for licensure as verified to our LEA by the applicant's score report(s).
- ☐ The applicant did NOT make adequate progress and ATTACHED is our plan for how the applicant will work to become fully licensed.

III. ATTESTATION—REQUIRED

I ATTEST that the above information in section I and II is true and understand that individuals who hold an emergency license or emergency permit will be identified as a teacher who is considered teaching out of field and either inexperienced or unqualified under ESSA.

Name of School District Administrator or Designee Type/Print Clearly	Title	Phone Area Code/No.	Email Address
Signature of School District Administrator or Designee			Date Signed Mo./Day/Yr.